

041504

1000 U.S. PTO

UTILITY
PATENT APPLICATION
TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

PRD2047NP

Applicant

Kamme et al.

Title

Preservation of RNA In A Biological Sample

Express Mail Label No.

EV291407534US

22278 U.S. PTO
10/826834

041504

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. ☒ Fee Calculation Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
3. ☒ Specification [Total Pages 43]
(Preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 USC 113) [Total Sheets 5]
5. ☒ Oath or Declaration [Total Pages 4]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- c. ☐ Unexecuted (to identify inventorship and priority claim)

6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. ☒ Submission of Sequence Information (if applicable, all necessary)
- a. ☒ Computer Readable Form (CRF)
- b. ☒ Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☒ paper (1 page)
- c. ☒ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other

18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed

Prior application information: Examiner unknown Group Art Unit: unknown

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

Name: Philip S. Johnson, Esq.
Address: Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003 USA

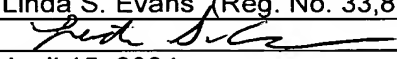
20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Linda S. Evans at:

Telephone: (858) 320-3406 Fax: (858) 784-3044

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME Linda S. Evans (Reg. No. 33,873)

SIGNATURE 

DATE April 15, 2004

FEE CALCULATION FORM	<i>Complete if Known</i>	
	Application Number	
	Filing Date	
	Applicant	Kamme et al.
	Attorney Docket Number	PRD2047NP

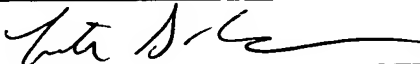
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$ 770.00
TOTAL CLAIMS	19 - 20 =		x 18.00	
INDEPENDENT CLAIMS	2 - 3 =		x 86.00	
MULTIPLE DEPENDENT CLAIMS	0	N/A	\$290.00	
			TOTAL FEES	\$ 770.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750 in the total amount calculated above. A duplicate of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees that may be required in connection with the filing of the accompanying application, or credit any overpayment, to Deposit Account No. 10-0750.
- ☒ The Commissioner is hereby authorized to generally charge any fees set forth at 37 C.F.R. §§ 1.16-1.18 that may be required in connection with the accompanying application, and credit any overpayments, to Deposit Account No. 10-0750.
- ☐ The application is being filed with deferral of payment of the filing fees.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Linda S. Evans	Reg. No. 33,873
Signature		Date: April 15, 2004
		Deposit Account No. 10-0750